

2012-10-17 14:22 DEPT OF HEALTH-HUT
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

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PRINTED: 10/11/2012
 FORM APPROVED
 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(K1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445071	(K2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(K3) DATE SURVEY COMPLETED 10/09/2012
NAME OF PROVIDER OR SUPPLIER CLAIBORNE COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1850 OLD KNOXVILLE ROAD TAZEWELL, TN 37879		
(K4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(K5) COMPLETION DATE	
K 029 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 18.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure fire rated construction is maintained.</p> <p>The findings include: Observation and interview with the Maintenance Director, on October 9, 2012 at 2:00 p.m. confirmed unsealed conduit and hydraulic line penetrations in the 1st floor elevator equipment room and in the 1st floor "B" hall stairwell near the exit door.</p> <p>This finding was verified by the Maintenance Staff and acknowledged by the Administrator during the exit conference on October 9, 2012.</p>	K 029	<p>K029</p> <p>The unsealed conduit and hydraulic line penetrations identified in the 1st floor elevator equipment room and in the 1st floor "B" hall stairwell near the exit door were sealed with an approved fire stop caulking by personnel of the maintenance department.</p> <p>Responsible Person: Facility/Safety Manager</p> <p>A walk through was completed of the nursing home by maintenance department employees to identify and repair any other wall penetrations.</p> <p>Responsible Person: Facility/Safety Manager</p> <p>Facility rounds will be made every 6 months by maintenance personnel to identify wall penetrations and repair them. The maintenance staff will be educated by their manager on this revised facility maintenance requirement. The nursing home staff will be educated to observe for and report wall penetrations and have a work order completed for repair.</p>		
K 050 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are</p>	K-050			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(K6) DATE

*T. S. Brown**Administrator**10/26/2012*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

2012-10-17 14:22 Dept of Health-HOH
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER

CLAIBORNE COUNTY NURSING HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

1850 OLD KNOXVILLE ROAD

TAZEWELL, TN 37879

(K4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(K5) COMPLETION DATE
K 029 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 6.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure fire rated construction is maintained. The findings include: Observation and interview with the Maintenance Director, on October 9, 2012 at 2:00 p.m. confirmed unsealed conduit and hydraulic line penetrations in the 1st floor elevator equipment room and in the 1st floor "B" hall stairwell near the exit door. This finding was verified by the Maintenance Staff and acknowledged by the Administrator during the exit conference on October 9, 2012.</p>	K 029	<p>K029 Cont'd.</p> <p>Staff attendance for education session will be documented by employee signature on attendance "sign-in" sheet. Responsible Person: Facility /Safety Manager and Director of Nurses</p> <p>Compliance rate will be monitored by the # of work orders submitted for wall penetrations repaired within 5 days / total # of wall penetrations reported = rate of compliance. This data will be collected and aggregated by the EOCC Secretary and submitted to the Facility /Safety Manager monthly. The Facility/Safety Manager will report this compliance rate monthly to the Administrator and Director of Nursing and to the Environment of Care Committee and Quality Management Committees at scheduled meetings. The expected compliance rate is 100%. The monitoring and reporting will continue until acceptable compliance rate is achieved and maintained for a minimum of three consecutive months. Responsible Person: Facility/Safety Manager</p>	
K 050 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are</p>	K-050		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

T. S. Brown

TITLE

Administrator

(K6) DATE

10/26/2012

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2012-10-19 14:22 DEPT OF HEALTH-HHS
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM 17-20
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445071	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/09/2012
NAME OF PROVIDER OR SUPPLIER CLAIBORNE COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1850 OLD KNOXVILLE ROAD TAZEWELL, TN 37879		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 068	Continued From page 2 October 9, 2012 p.m. at 2:46 pm confirmed the high and low outside air openings were blocked off. This finding was verified by the Maintenance Staff and acknowledged by the Administrator during the exit conference on October 9, 2012. NFPA 101 LIFE SAFETY CODE STANDARD	K 068	K 068 cont. Expected compliance rate of quarterly preventive maintenance on gas hot water heater high and low outside air openings is 100%. Work sheet to completed by technician when preventive maintenance work completed and air opening patency is verified. This data will be submitted to the Facility/Safety Manager within a week of completion. Completion data will be aggregated by the Facility/Safety Manager and compliance rate will be submitted to the Administrator, Director of Nurses, Environment of Care Committee and the Quality Management Committee on a quarterly basis. # of timely completed preventive maintenance checks and interventions / total # of scheduled quarterly preventive maintenance on air openings = compliance rate. Compliance monitoring and reporting will continue until acceptable compliance rate is achieved and maintained for at least 3 consecutive report periods.		
K 073 SS-E	No furnishings or decorations of highly flammable character are used. 19.7.5.2, 19.7.5.3, 19.7.5.4 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to assure combustible decorations were treated with fire retardant (NFPA 110, 19.7.5.4). The findings include: Observation and interview with maintenance staff, on October 9, 2012 p.m. at 2:45 p.m. confirmed the facility failed to treat holiday decorations made of straw, cloth, and styrofoam at the end of the 2nd floor "A" hall by the stairwell. This finding was verified by the Maintenance Staff and acknowledged by the Administrator during the exit conference on October 9, 2012.	K 073			